



Applications due June 4, 2010

PARTNERS IN POLICYMAKING ACADEMY

A project of the Governor's Council for People with Disabilities

Application for Participation

Sessions will be held at the Hilton North at 8181 N. Shadeland Ave. (very close to the Castleton exit off of I-65). Sessions begin at 12:00 noon on Friday and end at 4:00 pm on Saturday except for the December session which is on a Sunday/Monday because it is combined with the Council's annual conference.

Specific session dates are:

Friday, October 1 - Saturday, October 2, 2010

Friday, November 5 – Saturday, November 6, 2010

Sunday, December 5 – Monday, December 6 2010

Friday, January 7 – Saturday, January 8, 2011

Friday, February 4 – Saturday, February 5, 2011

Friday, March 4 – Saturday, March 5, 2011

Friday, April 1 – Saturday, April 2, 2011

Friday, May 6 – Saturday, 7, 2011

Contact:

**Partners in Policymaking
c/o Governor's Council for
People with Disabilities
150 W. Market St. Suite 628
Indianapolis, IN 46204**

**(317) 232-7770 Voice
(317) 233-3712 Fax
PIP@gpcpd.org**

This application and additional information about the program is posted on the Governor's Council for People with Disabilities

Web site at **www.state.IN.us/GPCPD**
click on the Partners in Policymaking logo

The website PDF version of the application can be completed and submitted on line.
This application can be made available in accessible formats upon request.

Dear Advocate:

- *Are you a person with a disability or a parent or other relative of a child with a disability ?*
- *Would you like to see a barrier free society where everyone is a valued member of his or her community?*
- *Are you interested in promoting change within your community?*
- *Within the state?*

If you answered **YES!** to these questions, you might be interested in applying to become one of a over 500 people who are graduates of Indiana's Partners in Policymaking Academy. Partners is a leadership-training program for beginning and intermediate level advocates, scheduled for one Friday and Saturday a month for eight months.

The Partners in Policymaking Academy provides skill building, and up-to-date information on best practices regarding local, state, and national issues that affect individuals with disabilities. Upon graduation from the Partners in Policymaking Academy, participants will be prepared to advocate for themselves and their children, and to play a leadership role in policy development and advocacy within their communities.

Each session is devoted to specific topics with national, state and local experts as presenters. Partners are expected to complete assignments between sessions and to commit to one major community project assignment after graduation.

The program is open to a limited number of people. If selected, the program will cover hotel, travel, childcare and other related expenses.

- **Session Dates:** Sessions take place in Indianapolis, one weekend a month from October, 2010 through May, 2011. Sessions begin at 12:00 pm on Friday and end at 4:00 pm on Saturday except for one session, which is combined with the first day of the Council's annual conference and will be either in November or December. Specific session dates will be confirmed and announced by late spring.

If you are selected for the Partners in Policymaking Academy Class of 2011, you will be asked to pay a \$10 non-refundable Registration Fee, as a token of your commitment **and sign an agreement to:**

- Attend all sessions and arrive on time
- Complete all monthly homework assignments
- Develop and carry out a community project
- Conduct yourself in a professional manner during sessions

For additional copies of the application, brochures, or other information, please contact Partners at (317)-232-7771 or PIP@gpcpd.org. You may also fill out and submit an application on line at www.in.gov/gpcpd - click on the Partners in Policymaking logo and then the PDF version of the application

You will receive a letter or an e-mail confirming we received your application within 10 days of our receiving it. If you don't, contact us!

If your contact information should change notify us immediately.

Please remove this front cover prior to submitting the application, so you have contact information and information about the program.

PARTNERS IN POLICYMAKING ACADEMY

Application for Participation

Applications must be postmarked by Friday June 4, 2010

Please be thorough.....Please Print

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ IN, ZIP: _____

COUNTY: _____

CURRENT EMPLOYER (if applicable): _____

POSITION: _____

DAY TELEPHONE: (____) _____ FAX: (____) _____

EVENING TELEPHONE: (____) _____ CELL: (____) _____

E-MAIL: _____

Best time(s) to call you: _____

How did you learn about Partners? _____

Is the person who referred you a graduate Partner? ____ Yes ____ No ____ Don't know

How many times have you applied for Partners? _____

DEMOGRAPHIC INFORMATION (Confidential: Optional - For statistical purposes only)	
Applicant:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Person with a Disability <input type="checkbox"/> Primary Caregiver (Parent) <input type="checkbox"/> Both
Age:	<input type="checkbox"/> 18-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46-60 <input type="checkbox"/> 61-70 <input type="checkbox"/> 71+
Household Income:	<input type="checkbox"/> \$0 -\$15,000 <input type="checkbox"/> \$15,001-\$25,000 <input type="checkbox"/> \$25,001-\$35,000 <input type="checkbox"/> \$35,001-\$50,00 <input type="checkbox"/> \$50,001-\$65,000 <input type="checkbox"/> \$65,001 +
Race or National Origin:	<input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other _____
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

1. Are you a person with a disability? ☐ Yes ☐ No

2. Are you a parent of a child with a disability? ☐ Yes ☐ No

3. If you are a parent of a child/children with a disability, please indicate the following:

Child 1: Name:_____ Age:___ Gender:___ Disability:_____

Child 2: Name:_____ Age:___ Gender:___ Disability:_____

List other children in household with age of each:

4. Please describe your disability (or your family member's) and how it affects self-care, learning, receptive and expressive language, mobility, capacity for independent living; economic self-sufficiency.

5. What services (education, respite care, vocational training, case management, etc.) do you and/or your family member receive?

6. Why are you interested in participating in the Partners in Policymaking Academy? Is there a specific issue, problem, or area of concern that encouraged you to apply?

7. Why are you an excellent candidate for this program? (Use the back page if needed)

8. Describe your ability to work as part of a team and give an example.

9. Do you currently belong to any advocacy or civic organizations or support groups? If so, list them along with any offices you may hold. (Note: Membership in other organizations is not a requirement for your participation in this project.)

10. What types of experiences have you had in advocating for people with disabilities?

11. What skills, knowledge and abilities do you hope to gain if you are accepted into the Partners in Policymaking Academy?

12. If you are accepted, how will you use the skills and information you acquire for yourself/family and for others and the community?

13. Will you make a time commitment of two days (Friday noon through Saturday afternoon) once per month for 8 months? (October-May)

Attendance at ALL Partners in Policymaking sessions is mandatory!

_____ Yes _____ No

14. If you are employed, have you talked with your employer and arranged your work schedule?

_____ Yes _____ No _____ Not Applicable

15. Sessions will be held in the Indianapolis area. Is there any reason why you may not be able to travel to Indianapolis?

_____ Yes _____ No

If yes please explain: _____

16. Do you agree to complete monthly homework assignments?

_____ Yes _____ No

17. Are there any accommodations that you need to participate in this program?

_____ Yes _____ No

If yes, please check the accommodations that you need.

_____ Child Care or Respite Care (# of children_____)

_____ Personal Care Attendant

_____ Wheelchair Accessible Room

_____ Alternative Formats -Please describe: _____

_____ Service animal

_____ Accessible transportation _____ Wheelchair _____ Non Wheelchair

_____ Other, (Interpreters, Assistive Listening Device, CART etc) Please describe:

19. Do you have more information you want to share? (You may use the back page of the application)

20. PLEASE LIST TWO REFERENCES

In order to have your application considered for the Partners Program, we must have a *CURRENT name, address, ZIP CODE* for all references. Please let your references know they will be hearing from us. Please indicate if the reference is a Partner graduate. NO FAMILY MEMBERS:

1. Name: _____

Address: _____

City, State, Zip: _____ IN, _____

Day Time Phone: _____

E-mail: _____

Relationship: _____

2. Name: _____

Address: _____

City, State, Zip: _____ IN, _____

Day Time Phone: _____

E-mail: _____

Relationship: _____

NOTE:

- **References will be contacted**
- **You may be called for a telephone interview.**